

NORTHERN VANCE HIGH SCHOOL'S - (FALL 2011) ABSENCE WAIVER FORM

The Vance County Schools Attendance Policy states:

High school students who miss more than **eight days** of a one semester course, not covered by a medical doctor's note certifying that the student was unable to attend school, will not receive credit for that course. High school students who miss more than **16 days** of a two semester course, not covered by a medical doctor's note certifying that the student as unable to attend school, will not receive credit for that course. However, in cases of unusual circumstances concerning excessive absences, death, court proceedings, etc., the principal may decide to award the student's earned average for the course. For students who wish to make up time missed from classes, before and after school attendance make-up sessions are available. Only excused absences can be made up.

Attendance information can be found on Page 15 / (10 & 11) in the 2011-2012 VCS / (NVHS) Student/Parent Handbook,

Student's Name: _____ Period: _____

Course Title: _____ Teacher: _____

For Teacher Use Only

Student's Course Average (Numerical): _____ Total Number of Days Absent: _____

Total Number of Days made up after school with you (the teacher) _____

For each day made up after-school, the date must be recorded on the back of this sheet. Please see directions on the back.

Total Number of Days Tardy to Class: _____ (The Front Office Verification required)

Teacher Signature: _____

*(Teachers **do not** sign until Parent Signature is present)*

Student/Parent Section

Student and Parent, in order for days to be waived that were not attempted to be made-up, please attach a copy of the medical documentation (even if you submitted the documentation previously), noting that the doctor certified that the student could not be at school. *Please attach an explanation of illness and dates that are noted by the medical documentation.*

Was any absence a result of a (please circle) Death or Court Proceeding?

If Yes, please provide the total number of days the student was absent due to a death or court proceeding _____.

Provide each date for the Death or Court Proceeding absence: (Please note that you must attach court documentation indicating court date).

(Student Signature)

Date

(Parent Signature)

Date

Student and Parent please attach all medical/legal documentation to the Absence Waiver Form before submitting to the teacher

For Principal Use Only

Waiver is: **APPROVED** **NOT APPROVED**

(Principal's Signature): _____

● **An Absence Wavier Form must be completed for each course an Attendance Violation has occurred.**

● **The Absence Waiver Form must be submitted to the teacher by Friday, January 6, 2012.**

● **The teacher must submit to the Front Office on or before Wednesday, January 11, 2012.**

● **Please complete an Absence Waiver Form even if you have already made up your absence(s).**

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-----*Student Notes*-----

■ *Please Note:* In order for a student to receive an Absence Waiver, the student must be in good academic standing. The student must have at least a “D” average in the course an Absence Waiver is requested. ■

For Teacher Use Only

Teachers referring to Page 1 of the Absence Waiver Form, please indicate in the table below the dates in which the student made up his/her absence according to the *Period for Period requirement*. Please note by signing you certify that the student stayed and made up days with you in accordance with the Vance County Schools Attendance Policy. Please note: the student must stay at least one hour to make up an absence.

Absence No.	Absence Date	Make-Up Date	Time
<i>(ex)</i> 9	<i>09/12/2010</i>	<i>09/20/2010</i>	<i>3:15 – 4:48 pm</i>
9			
10			
11			
12			
13			

Any absence after the 13th absence must be approved by the Principal, prior to the absence. Approval for absences may be limited to documented medical issues, deaths, or judicial requirements. Please contact Mr. Creasman at 492-6041 or via-email bcreasman@vcs.k12.nc.us, for absence approval.

(If additional space is needed, please attach)

Teacher Signature: _____ **Date:** _____

For Front Office Use Only

Tardy Verification

Tardy No.	Tardy Date	Period
<i>(ex)</i> 1	<i>09/12/2010</i>	<i>2nd</i>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

The student has not been tardy to school or class